



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventive Application of: RUUTU et al.

SERIAL NUMBER: 09/231,066

EXAMINER:

FILING DATE: 1/14/99

ART UNIT:

TITLE: CELLULAR RADIO POSITIONING

ATTORNEY DOCKET NO.: 442-008422-US(PAR)

Box Missing Parts
The Commissioner of Patents and Trademarks
Washington, D.C. 20231

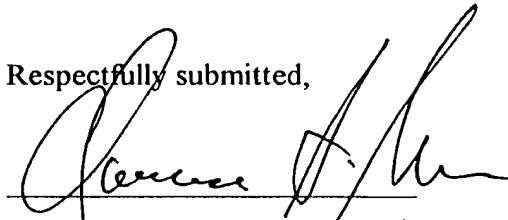
**SUBMISSION OF COMBINED DECLARATION AND POWER OF
ATTORNEY DOCUMENTS**

Dear Sir:

We are submitting herewith the executed Combined Declaration and Power of Attorney documents for the above-referenced patent application. At the time the documents were executed, we had not yet received the serial number for this application. However, in compliance with the identification requirements under 37 CFR 1.63, number (5), the names of the inventors and the title of the invention, which was on the specification as filed, and reference to an attached specification which was attached to the Declarations at the time of execution and submitted herewith. This combination of information along with this cover letter should be acceptable for complying with the identification requirement of 37 CFR 1.63.

It is noted that we have not as yet received The Notice to File Missing Parts. Enclosed is a check for \$130.00 (surcharge for filing Declaration). Please charge any additional fees due to our deposit account no. 16-1350.

Respectfully submitted,



Clarence A. Green, Reg. No. 24,622
PERMAN & GREEN, LLP
425 Post Road
Fairfield, CT 06430
(203) 259-1800

3 Feb 99

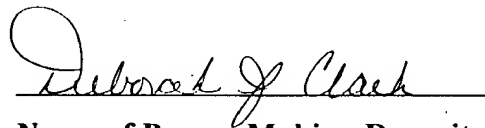
Date

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Box Missing Parts, Commissioner of Patents and Trademarks, Washington, D.C. 20231.

3 Feb. 1999

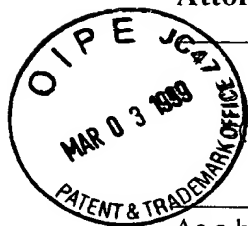
Date



Name of Person Making Deposit

Attorney's Docket No. _____

PATENT



COMBINED DECLARATION AND POWER OF ATTORNEY

ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

- ☒ original
☐ design
☐ supplemental

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application, do not check next item; check appropriate one of last three items.

☐ national stage of PCT

NOTE: if one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR C-I-P.

- ☐ divisional
☐ continuation
☐ continuation-in-part (C-I-P)

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

Cellular Radio Positioning

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))

- (a) ☒ is attached hereto.
(b) ☐ was filed on _____ as ☐ Serial No. 0 /
or ☐ Express Mail No., as Serial No. not yet known
and was amended on _____ (if applicable)

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

- (c) ☐ was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____ (if any).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information

- ☒ which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56

(also check the following items, if desired)

- ☒ and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, and

- ☐ In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

PRIORITY CLAIM (35 U.S.C. § 119)

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT International application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT International application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) ☐ no such applications have been filed.
- (e) ☒ such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

**A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119**

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
Finland	980077	15/01/1998	<input checked="" type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6) MONTHS FOR DESIGN PRIOR TO THIS U.S. APPLICATION**

NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR C-I-P APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. § 120.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(List name and registration number)*

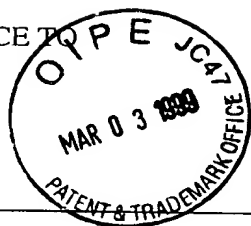
Clarence A. Green (24,622)
Harry F. Smith (32,493)
Mark F. Harrington (31,686)

(check the following item, if applicable)

- ☐ Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

Perman & Green
425 Post Road
Fairfield, CT 06430-6232



DIRECT TELEPHONE CALLS TO:

(Name and telephone number)

Mark F. Harrington

(203) 259-1800

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

Ville

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

Ruutu

FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship Finland

Residence Illansuu 2 D 4, FIN-02210 Espoo, Finland

Post Office Address Illansuu 2 D 4, FIN-02210 Espoo, Finland

Full name of second joint inventor, if any

Timo

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

Rantalainen

FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship Finland

Residence Meripuistontie 4 A 7, FIN-00200 Helsinki, Finland

Post Office Address Meripuistontie 4 A 7, FIN-00200 Helsinki, Finland

Full name of third joint inventor, if any

Marko

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

Alanen

FAMILY (OR LAST NAME)

Inventor's signature

Marko Alanen

Date 7th January 1999

Country of Citizenship Finland

Residence Satamakatu 6 B 22, FIN-33200 Tampere, Helsinki

Post Office Address Satamakatu 6 B 22, FIN-33200 Tampere, Helsinki

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM
A PART OF THIS DECLARATION



Signature for fourth and subsequent joint inventors. *Number of pages added* 1

...



Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. *Number of pages added*

...



Signature for inventor who refuses to sign or cannot be reached by person authorised under 37 CFR 1.47. *Number of pages added*

...



Added page for signature by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time (37 CFR 1.47).

...



Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (C-I-P) application.

☐ Number of pages added

...



Authorization of attorney(s) to accept and follow instructions from representative.

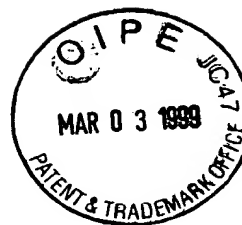
...

(If no further pages form a part of this Declaration, then end this Declaration with this page and check the following item:)



This declaration ends with this page.

(Declaration and Power of Attorney [1-1]-page 5 of 5)



SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of fourth inventor, if any

Gudni

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

Gunnarson

FAMILY (OR LAST NAME)

Inventor's signature

Gudni Gunnarson

Date 7th January 1999 Country of Citizenship Finland ICELAND

Residence Kalevanpuistotie 19 C 11, FIN-33500 Tampere, Finland

Post Office Address Kalevanpuistotie 19 C 11, FIN-33500 Tampere, Finland

Full name of fifth joint inventor, if any

Olli

(GIVEN NAME)

H.A.
(MIDDLE INITIAL OR NAME)

Hyvärinen

FAMILY (OR LAST NAME)

Inventor's signature

Date 7/1/99 Country of Citizenship Finland

Residence Vesakonkatu 33, FIN-33820 Tampere, Finland

Post Office Address Vesakonkatu 33, FIN-33820 Tampere, Finland

Attorney's Docket No. _____

PATENT

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(also check the following items, if desired)

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POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(List name and registration number)*

Clarence A. Green (24,622)
Harry F. Smith (32,493)
Mark F. Harrington (31,686)

(check the following item, if applicable)

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SEND CORRESPONDENCE TO

Perman & Green
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Fairfield, CT 06430-6232

DIRECT TELEPHONE CALLS TO:

(Name and telephone number)

Mark F. Harrington

(203) 259-1800

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Full name of sole or first inventor

Ville

(GIVEN NAME)

M

(MIDDLE INITIAL OR NAME)

Ruutu

FAMILY (OR LAST NAME)

Inventor's signature Ville Ruutu

Date 16th Dec, 1998 Country of Citizenship Finland

Residence Illansuu 2 D 4, FIN-02210 Espoo, Finland

Post Office Address Illansuu 2 D 4, FIN-02210 Espoo, Finland

Full name of second joint inventor, if any

Timo

(GIVEN NAME)

M

(MIDDLE INITIAL OR NAME)

Rantalainen

FAMILY (OR LAST NAME)

Inventor's signature Timo Rantalainen

Date 16th December 1998 Country of Citizenship Finland

Residence Meripuistontie 4 A 7, FIN-00200 Helsinki, Finland

Post Office Address Meripuistontie 4 A 7, FIN-00200 Helsinki, Finland

Full name of third joint inventor, if any

Marko

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

Alanen

FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship Finland

Residence Satamakatu 6 B 22, FIN-33200 Tampere, Helsinki

Post Office Address Satamakatu 6 B 22, FIN-33200 Tampere, Helsinki

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM
A PART OF THIS DECLARATION

- ☒ Signature for fourth and subsequent joint inventors. *Number of pages added* 1
...
- ☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or
incapacitated inventor. *Number of pages added*
...
- ☐ Signature for inventor who refuses to sign or cannot be reached by person authorised under
37 CFR 1.47. *Number of pages added*
...
- ☐ Added page for signature by one joint inventor on behalf of deceased inventor(s)
where legal representative cannot be appointed in time (37 CFR 1.47).
...
- ☐ Added pages to combined declaration and power of attorney for divisional, continuation, or
continuation-in-part (C-I-P) application. ☐ Number of pages added
...
- ☐ Authorization of attorney(s) to accept and follow instructions from representative.
...

*(If no further pages form a part of this Declaration, then end this Declaration with this page and
check the following item:)*

☐ This declaration ends with this page.

(Declaration and Power of Attorney [1-1]-page 5 of 5)

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of fourth inventor, if any

Gudni

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

Gunnarson

FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship Finland

Residence Kalevanpuistotie 19 C 11, FIN-33500 Tampere, Finland

Post Office Address Kalevanpuistotie 19 C 11, FIN-33500 Tampere, Finland

Full name of fifth joint inventor, if any

Olli

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

Hyvärinen

FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship Finland

Residence Vesakonkatu 33, FIN-33820 Tampere, Finland

Post Office Address Vesakonkatu 33, FIN-33820 Tampere, Finland